

Substitute for SENATE BILL NO. 166

By Committee on Public Health and Welfare

AN ACT creating a mental health prescription drug advisory committee; relating to medication for medicaid and SCHIP recipients; amending K.S.A. 2008 Supp. 39-7,121b and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2008 Supp. 39-7,121b is hereby amended to read as follows: 39-7,121b.

(a) No requirements for prior authorization, preferred drug lists or other restrictions on medications used to treat mental illnesses such as schizophrenia, depression or bipolar disorder may be imposed on medicaid or state children's health insurance (SCHIP) recipients, except as provided in subsection (b). Medications that will be available under the state medicaid plan without restriction for persons with mental illnesses, except as provided in subsection (b), shall include atypical antipsychotic medications, conventional antipsychotic medications and other medications used for the treatment of mental illnesses.

(b) (1) The Kansas health policy authority may establish a mental health prescription drug advisory committee. The committee shall advise the Kansas health policy authority regarding the safe and cost-effective administration of mental health pharmacy benefits for the mediKan program. The committee shall also develop prescribing guidelines and shall have the power to advise and make recommendations regarding safety criteria to be implemented by the Kansas health policy authority regarding mental health prescription drug benefits for adolescents and children in the medicaid and SCHIP programs. The committee may recommend pharmacy claim edits, including the use of prior authorization, for the implementation of safety criteria. The Kansas health policy

authority may implement the recommendations of the committee.

(2) The membership of the committee shall consist of 15 members appointed by the board of the Kansas health policy authority, including at least three licensed psychiatrists, one licensed primary care physician, one physician with an expertise in psychiatry practicing in an academic medical setting, one advanced registered nurse practitioner with a psychiatric specialization, two pharmacists, one social worker with mental health specialization, and four members of the public, two of which must be mental health consumers or family members of such persons. Preferred membership is to include those with experience serving child and adolescent medicaid enrollees, experience in a public mental health setting, and experience in the treatment of severe and persistent mental illness. Other qualifications may include knowledge and demonstrated leadership in the fields of psychology, social work, primary care medicine, advance practice nursing, pharmacy, and psychiatry for both child and adult.

(3) The appointments to the committee shall be for terms of three years. Members may be reappointed. The committee shall elect a chairperson from among the members who shall serve a one year term. The chairperson may serve consecutive terms. The committee, in accordance with, K.S.A. 75-4319, and amendments thereto, may recess for a closed or executive meeting when it is considering matters relating to identifiable patients or providers. All actions of the committee shall be upon the affirmative majority vote of the committee and the vote of each member present when action was taken shall be recorded by roll call vote.

(4) The committee shall hold public meetings prior to making recommendations to the medicaid DUR board. A detailed agenda of the committee meetings shall be posted on the Kansas health policy authority website seven days prior to the meeting date. Any interested party shall be

granted the opportunity for comment. Following the consideration of all presented information, the committee shall make their recommendations available to the public by posting on the Kansas health policy authority website 14 days prior to forwarding them on to the medicaid DUR, which includes a description of the recommendations being made and the evidence used to reach those recommendations.

(5) The committee may recommend and the Kansas health policy authority may provide education tools which identify prescribing patterns of prescribers outside national standard guidelines for the intended purpose of improving continuity and coordination of care, eliminate redundant treatments and decrease risk associated with inappropriate use. When such patterns are identified, the Kansas health policy authority may perform peer to peer consultation with target prescribers.

(c) Other than to implement safety criteria, the mediKan prescription drug program shall not interrupt or alter the medications prescribed prior to the implementation of program recommendations by the committee.

(d) Program savings derived from recommendations by the committee shall be reinvested into medicaid.

(e) The committee shall review administrative decision-making procedures and conduct outcomes-based evaluations on affected patients at least annually and present findings and recommendations in accordance to the provisions outlined in this act.

(f) The Kansas health policy authority shall implement an automated prior authorization system prior to implementing the provisions of this act.

Sec. 2. K.S.A. 2008 Supp. 39-7,121b is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.